

**CHRISTOPHER WAYNE LESTER  
MADISON MEDICAL GROUP  
RECORDS  
14-B**



**STYLE OF CASE:** Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

**CASE NO:** C-1-01-428

**PERTAIN TO:** Christopher Wayne Lester

**FROM:** Madison Medical Group  
705 Madison Avenue  
Madison, WV 25310  
(304) 369-5170

**DELIVER TO:** Mr. Phillip J. Smith  
VORYS, SATER, SEYMOUR & PEASE, LLP  
Atrium Two, Suite 2100  
221 East Fourth Street  
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688015-0001  
THROUGH 500688015-0643.

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Case No. C-1-01-428

Michael W. Harris

: Southern District Court

vs.

: County of Hamilton

Purdue Pharma L.P., et al

: State of Ohio

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Records pertaining to: Christopher Lester

Custodian of Records For: Madison Medical Group

I have conducted a thorough search of our files for the requested records, including but not limited to: patient intake forms and health questionnaires, and/or consent forms, and/or physical examination records, and/or x-rays, and/or pathology slides and/or blocks, and/or all nurses notes and physicians notes, and/or treatment records and reports, and/or prescription records, and/or third-party consultation records, and/or records of treatment at hospitals and other health care providers, and/or test results from outside laboratories, and/or itemized billing records, and/or insurance claims forms, and or personnel records and/or payroll records, and/or academic records, and/or correspondence.

I certify that nothing has been removed from the original file before releasing copies of these records or the originals. The records I am releasing are the original records or exact duplicates of the original records and include each and every record contained in the file on the above-named individual.

Freda Butts

AFFIANT

Paula Baldwin

WITNESS

9-8-03

DATE

Account #: 49564

ALL OPEN ITEMS

[LESTER]

Ref#	Date	Patient	Dr	Procedure	Adj Chgs	Receipts
Unapplied Credits :						0.00
1	08/07/00	CHRISTOPHE	3	80048 -BASIC METABOLIC P	14.04a	14.04
2	08/07/00	CHRISTOPHE	3	84403 -TESTOSTERONE, SER	33.78a	33.78
3	09/05/00	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	60.00	60.00
4	09/05/00	CHRISTOPHE	3	36415 -DRAWING FEE/VENIP	3.00a	3.00
5	09/05/00	CHRISTOPHE	3	85031 -*****CBC W/DIFFWI	9.82a	9.82
6	09/05/00	CHRISTOPHE	3	80076 -HEPATIC FUNCTION	13.55a	13.55
7	09/05/00	CHRISTOPHE	3	80092 -THYROID PANEL	49.99a	49.99
8	09/05/00	CHRISTOPHE	3	J1060 -TESTOSTERONE INJ	1.09a	1.09
9	10/30/00	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	60.00	60.00
10	10/30/00	CHRISTOPHE	3	J1060 -TESTOSTERONE INJ	6.00a	6.00
11	12/12/00	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	60.00	60.00
12	01/12/01	CHRISTOPHE	8	99213 -OFFICE VISIT-EST	60.00	49.82
13	09/10/01	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	41.16a	41.16
14	10/10/01	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	41.16a	41.16
15	11/19/01	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	41.16a	41.16
16	11/19/01	CHRISTOPHE	3	90658 -FLU VACCINE, 3 YR	9.02a	9.02
17	12/10/01	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	41.16a	41.16

\* Our computer billing system  
only goes back this far

Account #: 49564

ALL OPEN ITEMS

[LESTER]

Ref#	Date	Patient	Dr	Procedure	Adj Chgs	Receipts
18	01/15/02	CHRISTOPHE	3	99212 -OFFICE VISIT-EST	41.41a	26.41
19	02/11/02	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	41.16a	41.16
20	02/27/02	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	57.88a	42.88
21	03/08/02	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	41.16a	41.16
22	03/01/02	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	57.88a	42.88
23	03/01/02	CHRISTOPHE	3	81002 -URINE DIP,NON-AUT	3.90a	3.90
24	04/15/02	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	41.16a	41.16
25	05/13/02	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	41.16a	41.16
26	06/10/02	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	41.16a	41.16
27	07/10/02	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	36.54a	36.54
28	07/12/02	CHRISTOPHE	3	VOID -VOID	0.00	0.00
29	08/30/02	CHRISTOPHE	3	99214 -OFFICE VISIT-EST	87.46a	72.46
30	10/04/02	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	36.54a	36.54
31	12/02/02	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	36.54a	36.54
32	12/30/02	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	36.54a	36.54
33	01/28/03	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	36.54a	36.54
34	02/25/03	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	36.54a	36.54
35	03/25/03	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	36.54a	36.54

500688.015.0002

Account #: 49564

## ALL OPEN ITEMS

[LESTER]

Ref#	Date	Patient	Dr	Procedure	Adj Chgs	Receipts
36	04/15/03	CHRISTOPHE	3	00012 -PRESCRIPTION CHAR	7.00	0.00
37	04/18/03	CHRISTOPHE	2	99212 -OFFICE VISIT-EST	24.78a	24.78
38	05/07/03	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	36.54a	36.54
39	06/19/03	CHRISTOPHE	3	00006 -MEDICAL RECORDS	393.05	393.05
40	07/03/03	CHRISTOPHE	3	00012 -PRESCRIPTION CHAR	7.00	7.00
41	07/18/03	CHRISTOPHE	3	99213 -OFFICE VISIT-EST	37.38a	37.38
42	08/21/03	CHRISTOPHE	3	VOID -VOID	0.00	0.00
43	08/29/03	CHRISTOPHE	3	00012 -PRESCRIPTION CHAR	7.00	7.00
TOTALS : BALANCE :					77.18	1690.61

500688.015.0003



Christopher Lester  
Wt 302 P 92

DOB [REDACTED] 71

7/18/03

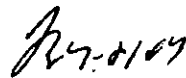
S-In for f/u and states he is doing about the same, although he thinks he may be a little better with the Vioxx in terms of his low back and shoulder pain.

O-Exam - obese, vitals are stable. He has diminished ROM on elevation of the shoulder; somewhat stiff. LS tenderness is present. SLR creates pain with any attempt.

A-Chronic LBP. Chronic shoulder pain.

P-Maintain meds as outlined, rx written , continue Vioxx he needs to come in for fasting lipids in regard to his other problems. Needs to lose wt. Maintain other physician f/u and see him back in several mo

John M. Snyder, D. O./bjw





Christopher Lester  
Wt 284

DOB [REDACTED] 3/71  
HT 5'7"

5/7/03

S-In for f/u and doing about the same, still has a considerable amt of LBP and left shoulder pain though it has improved some. He states he has been evaluated through a physician in Pittsburgh for GBS and he is having further work up by them. He apparently recently has had a comp examination I am assuming this is functional capacity exam or IME, more likely an IME from what he describes.

O-Exam - no apparent distress. Ambulatory. Limited internal and external rotations of the left shoulder, pain at extremes. Low back exam shows no gross tenderness. SLR is positive at extremes. DTR's are diminished.

A-Chronic low back and shoulder pain, history of compensable injury.

P-Maintain meds he needs to come in for fasting lipids sometime in regards to his Lipitor. Maintain other phys f/u. I will see him back in a few mo.

John M. Snyder, D. O./bjw

7/14/03

7-1503 missed 804 N

A

Christopher Lester

DOB [REDACTED]/71

4/18/03

Patient of Dr. Snyder's. He was written #90 of Percocet, Tim at the Medi Cap pharmacy only had 60, however Tim said he had to come back and get a new rx for another 30 pills today. He has history of hyperlipidemia. I have reviewed the chart, he has not had a labs here since 2000. He has an appt scheduled for labs in the near future. He is not fasting today. His back pain makes him miserable it is severe. he is on numerous other meds as well.

A-Chronic back pain.

P-#30 Percocet written as Dr. Snyder was not in the office today.

Ron D. Stollings, M. D./bjw

4/22

Christopher Lester  
Wt 295

DOB [REDACTED]/71  
P 120

3/25/03

S-In for f/u, he is still having pain in his low back and shoulders, states he is still having problems with urinary retention and would like to see an orthopedist. We have been cutting down his pain meds some. He is still taking Percocet however. He has been taking Vioxx.

O-Exam - no gross distress. He has limited motion of the shoulder on the left. Back exam shows chronic tenderness, no gross muscle spasm. SLR seems to be painful with any active or passive attempt. Neuro intact.

A-Chronic low back and shoulder pain.

P-Will try to get appt with Dr. King, an orthopedist, he would like to see on comp. schedule f/u and maintain meds. Rx written.

John M. Snyder, D. O./bjw

*[Handwritten signature]* 3-24-03

*[Handwritten mark]*

Christopher Lester  
WT 289 P 100

DOB [REDACTED]/71  
T 97.5

2/25/03

S-In for f/u, states he is doing somewhat better pain wise with the Vioxx. He would like to come down off the Oxycontin more.

O-Exam- no gross distress. He has limited motion of the left shoulder with pain, pain on extreme internal and external rotation.. SLR is painful at extremes. Neuro is intact.

A-Back and shoulder pain, secondary to compensable injury

P-Continue Vioxx and place him on Percocet #90 1 PO TID, prn pain, re-evaluate in 4 wks.

John M. Snyder, D.O./bjw

*Bjw-rs-3*

Christopher Lester

DOB [REDACTED] 6/71

1/28/03

Wt 280

P 88

S--In for f/u. He still has shoulder and back pain, doesn't seem to be quit to the degree it was previously. Not complained about the decreasing Oxycontin. He did have several teeth pulled.

O--Exam- no distress. ambulatory, improved ROM of the shoulder. SLR creates significant pain on the left. Neuro is intact.

A--Chronic low back and shoulder pain

P--Decrease Oxycontin to 20 BID, add Vioxx 25 1 daily and maintain other meds and f/u in a few wks.

John M Snyder, D. O./bjw

*6-28-07*

*Bjw*

Christopher Lester  
Wt 270

P 80

DOB [REDACTED] /71

12/30/02

S--In for f/u, he is doing somewhat better and still has quite a bit of back pain since diminishing the Oxycontin. He saw Dr. Saldonna and states that the pain clinic could not do anything further for him.

O--PE - he has LS tenderness, SLR creates pain with any attempt. Neuro is intact. He has diminished motion of the left shoulder pain with motion.

A--Chronic shoulder and low back pain. History of compensable injury.

P--Decrease Oxycontin to 20 mg tid and f/u in 4 wks.  
Maintain other physician f/u.

John M. Snyder, D. O./bjw

*8/13/02*

*R*

Christopher Lester

DOB [REDACTED]/71

12/2/02

Wt 280

P 112

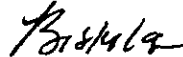
S-In for f/u, still having shoulder and back pain, seems to be better. He is still going to the pain clinic although they say they can't do much more for him. apparently comp is going to quit covering the Oxycontin.

O-Exam- no gross distress. He seems to have better motion of his shoulder, he can lie down and sit up without gross difficulty. SLR creates pain, there is no gross deficits.

A-Chronic LBP, improving.

P-Decrease Oxycontin and start tapering, 40 mg BID, and f/u in 1 mo.

John M. Snyder, D. O./bjw



Christopher Lester  
Wt 280

DOB [REDACTED] 71  
P 88

10/4/02

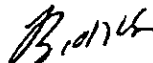
S-In and still having a significant amt of pain, he is doing better from the stroke standpoint. He is walking with a walker now. He is still off balance. He is due to see rehab specialist on Tues.

O-Exam - no apparent distress. Ambulates with assist of a walker. He has some right sided weakness arm and leg. SLR creates pain bilaterally. Neuro is intact otherwise.

A-Chronic severe LBP. History of stroke.

P-Refill meds. Oxycontin 40 TID, maintain other physician f/u and see me back in 2 mo.

John M. Snyder, D.O./bjw





Christopher Lester      DOB [REDACTED]/71      8/30/02  
Wt 287      P 92      BP 120/70

S-In today for hospital f/u. He was in CAMC secondary to a stroke with some right sided hemiparesis. He states he is having difficulty controlling his urine, he has seeing a urologist in relationship to this, he feels that is probably related to his compensable injury. He was having home health and PT however they stated they could not do much for him. He has no way to go back and forth to an outpatient PT. They started him on Lipitor for his elevated lipids apparently.

O-Exam - no gross distress. Appears upset. He is ambulatory with assist of a walker. He has stable vital signs. Lungs are clear. Heart is regular. Abdomen is obese and benign. Extremities present X 4 without cyanosis deformity or edema. Neuro, slightly diminished strength in the right upper extremity. Have a difficulty time assessing the lower extremities.

A-S/P CVA. History of chronic back pain.

P-Maintain meds as outlined, will get an evaluation with Dr. Wright's rehab center and send a letter to comp regarding the urologist and follow.

John M. Snyder, D. O./bjw

*Bjw-34*

Christopher Lester  
Wt 295

DOB [REDACTED] 7/1

7/10/02

P 88

S-In for f/u, he is complaining of numb sensation in his right hand periodically along with progressive back pain and pain in his left shoulder.

O-Exam - no apparent distress, alert and oriented, obese. Vital signs are stable. Diminished ROM and tenderness in the lumbar and dorsal spine along with the left shoulder. Grip strengths are equal. DTR's are symmetrical. No gross loss of sensation in the right hand.

A-Multiple arthralgias, chronic LBP. Chronic left shoulder pain. Radiculopathy.

P-Will check chemistries today conclusive of thyroid function and observe hand symptoms and follow. Given refill on Oxycontin.

John M. Snyder, D. O./bjw

*B 7/11/02*

*8/12/02 Trazadone 100mg i QD #30 (X5) Medicap [initials]*

Christopher Lester  
Wt. 291

DOB: [REDACTED]-71  
P: 96

06-13-02

S-Comes in for F/U. Comp. He is doing about the same. Apparently he is due some injections. He is still experiencing a lot of pain in his shoulder and low back, also been experiencing some pain in his mid neck. Still following with psychiatrist.

O-PE-No apparent distress. Ambulating with a cane. Has difficulty changing position. States that it is painful with any movement or touch. Neck shows adequate ROM. Shoulder exam shows diminished ROM internal, external rotation primarily due to pain. He has LS tenderness to the straight leg raise increase, pain with any attempt.

A-1. Chronic LB and Shoulder Pain 2. History of Anxiety and Depression

P-Maintain F/U with other physicians and pain clinics. Refills on his meds. F/U with me in 2 months.

John M. Snyder, D.O./cb



Christopher Lester  
WT. 293

DOB [REDACTED]-71  
P: 88

05-13-02

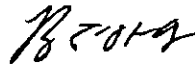
S-Here for F/U. Still having shoulder and BP. Has been to the pain clinic. Had some lumbar injections, no shoulder injections at this time. He is complaining of his Rt. hand drawing periodically, like a muscle spasm.

O-PE-Ambulates without assist. Diminished ROM. Lt. shoulder internal, external rotation. Cannot straight leg raise. DTR's are symmetrical. Strength is 405 bilaterally.

A-Chronic Generalized BP., Shoulder Pain., Muscle Cramps Rt. Hand., Etiology unclear.

P-Observe hand. Continue pain clinic F/U. Continue Oxycottin 40 mg. t.i.d. at this point and time. F/U in 1 month.

John M. Snyder, D.O./cb



Christopher Lester  
Wt 304

DOB [REDACTED]/71  
P 100

4/15/02

S-Here for f/u, doing about the same. He hasn't heard anything back from the pain clinic, still has a lot of low back and left shoulder pain, depending upon what he does.

O-Exam - obese, no gross LS tenderness. SLR is grossly difficult. Exam of the shoulder shows no locking or clicking. Diminished internal and external rotation.

A-Chronic low back and shoulder pain.

P-Refill Oxycontin and follow. Check with pain clinic.

John M. Snyder, D. O./bjw

*Bjw*

Christopher Lester  
Wt 306

DOB [REDACTED] 71  
P 112

3/8/02  
T 97.0

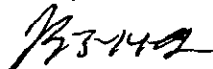
S-In for f/u and still having similar pain, primarily back neck and left shoulder, he is being followed at the pain clinic.

O-Exam - no gross distress, ambulatory, has stiff cervical and lumbar spine. Decreased ROM of the left shoulder. Strength is equal.

A-Chronic pain, shoulder neck and low back.

P-Maintain the Oxycontin and f/u at the pain clinic. I will see him back in 1 mo.

John M. Snyder, D. O./bjw



Christopher Lester  
Wt 301.5

DOB [REDACTED] /71

3/1/02

S-Comes in for f/u, he states he is still having urinary retention he has went twice, not any significant discomfort. I didn't get a copy of the ER back yet. I don't know what his labs are.

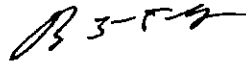
O-Exam- he has no bladder distention, he is able to urinate a small amt. It appears neg.

A-Urinary retention.

P-I didn't realize at this time he was on Effexor and Pamelor, his Effexor was recently increased to 150 mg. He is to d/c Pamelor and maintain the antibiotics and the Effexor. Recheck in 1 wk.

COMP visit

John M. Snyder, D. O./bjw



Christopher Lester  
Wt 304

DOB [REDACTED] 6/71

2/26/02

S—Here for ER f/u, he went Fri and was having urinary retention, he denies any dysuria, he has had increase in back pain, no difficulty with BM's.

O—Exam - no apparent distress. I don't have a UA on him today. We will wait and get the one from the ER. He has good anal sphincter tone. Prostate is slightly boggy.

A—Probable prostatitis, urinary tract infection.

P—Cipro 500 mg 1 PO BID, advised return to ER if he has any gross difficulty in urination. F/U on Friday.

John M. Snyder, D. O./bjw

*Mr 2-28-02*



Christopher Lester  
Wt 300+

DOB [REDACTED] 71  
P 112

2/11/02

S-In for f/u and doing about the same, still has a considerable amt of pain in his back and shoulders. He is due to go back to the pain clinic in the near future. Symptoms are fairly well controlled with the Oxycontin. I rec a letter from comp that I think I need to dictate to them regarding his Oxycontin.

O-Exam - no gross distress, obese, his vitals are stable. He has limited ROM of the shoulder in all plains, no crepitus noted. Back shows lumbar stiffness, difficulty in leg raising. Strength is equal bilaterally.

A-Chronic low back and shoulder pain, history of multiple injuries.

P-Maintain meds as outlined, maintain appt at the pain clinic and f/u with me in a mo.

John M. Snyder, D. O./bjw

*JS 2-11-02*

Christopher Lester  
Wt 304

DOB [REDACTED] 71  
P 68

1-15-02  
T 98.7

S-Complains of sinus pressure, headache and drainage X 1 wk. no history of sinusitis in the past. He has had no fever, hasn't felt well.

O-Exam - turbinates are slightly engorged, oral pharynx is clear. He has sinus tenderness on percussion.

A-Sinusitis

P-Bactrim DS 1 PO BID, Entex LA 1 PO BID, X 2 weeks, and keep next scheduled f/u.

John M. Snyder, D.O./bjw



Christopher Lester  
Wt 296 P 84

DOB [REDACTED] 61

7-31-00

S-In today and not doing any better, still has considerable amt of shoulder pain, no appt with Dr. Loimil yet. He still has back pain, the therapy didn't help him.

O-Exam - he has gross difficulty in internal and external rotation. The shoulder cannot elevate it. Strength is equal bilaterally. He can barely SL bilaterally.

A-Chronic recurrent LBP. Shoulder strain.

P-Maintain Vicodin prn, Flexaril 10 QHS, and maintain mobility as much as possible, await consult with Dr. Loimil and f/u 2 wks.

John M. Snyder, D. O./bjw

*[Handwritten signature]*

Christopher Lester  
Wt 295 P 74

DOB not available

7-10-00

S-In for f/u and doing essentially the same. He still has a considerable amt of left shoulder and low back pain, with any attempt at motion. He is also having headache occur also. We haven't got an appt for him to see Dr. Loimil yet.

O-Exam - no apparent distress, very stocky, he has diminished internal and external rotation of the shoulder, he can barely lift it above level. He can SL to about 10 degrees.

A-Chronic shoulder sprain strain reaction, and LBP.

P-Maintain meds. in addition to Lodine 500 Bid, obtain consult with Dr. Loimil and follow.

John M. Snyder, D. O./bjw  
7-11-00

7/17/00 Vicoden ES 1 TID # 90 prn pain (KO) Medicap (KH)

Christopher Lester  
WT 290 P 104 BP 110/74

DOB [REDACTED] /71

6-21-00

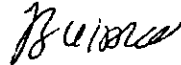
S-In for f/u, his shoulder and back are doing about the same, basically has had no change.

O-Exam - he has tenderness of the shoulder, greatly diminished on internal and external rotation, not elevated above 90 degrees. He still has a lot of LS tenderness, can flex to about 40 degrees.

A-Left shoulder strain, questionable rotator cuff involvement, LS strain.

P-D/C therapy for now, I don't think it is doing much good. Refill on meds. Vicodin #90 1-2 Q 4-6 hrs prn pain, Flexaryl 10 1/2 PO BID and 2 QHS, f/u in 2 wks.

John M. Snyder, D. O./bjw



Christopher Lester  
WT 292 P 86

DOB [REDACTED] /71

6-9-00

S-In for f/u he is essentially doing the same, and has considerable amt of left shoulder pain, he can barely elevate it. His back pain is a little better but still present.

O-Exam - he is ambulatory without limp, vitals are stable. Exam of the shoulder shows anterior tenderness, he has increased pain with internal and external rotation, difficulty in elevating the shoulder. He still has LS tenderness, SLR is neg.

A-Left shoulder strain, LBP

P-Maintain meds. therapy and f/u 2 wks.

John M. Snyder, D. O./bjw

*R 6-13-00*

Christopher Lester  
Wt 293 P 74

DOB [REDACTED] 71

5-24-00

S-In for f/u still has a minimal amt of left shoulder and low back pain, has been going to therapy and states it has helped his back a little bit not really a whole lot with his shoulder.

O-Exam - he walks with a normal gait, he has stiffness of the left shoulder, increased motion internal and external rotation. Rotator weakness. SLR creates pain bilaterally. No neuro deficits.

A-Left shoulder strain, history of chronic recurrent LBP, exacerbated by recent injury.

P-Maintain meds and PT, rx written and will get appt to see Dr. Loimil in regard to his shoulder and f/u in 2 wks.

John M. Snyder, D. O./bjw

*JSne*

Chris Lester  
Wt 290 P 82

DOB [REDACTED] 71

5-10-00

S—Here for f/u nothing has changed, he still has significant pain in his neck arm and low back, he has difficulty with his shoulder if he raises it above level.

O—Exam - he is in mild distress, he has tenderness of the c-spine, ROM is diminished side bending and rotation to the left and right. He has pain in the shoulder with elevation. No specific weakness.

A—Cervical strain, possible rotator cuff strain, lumbar strain

P—Continue PT and refill on meds. and f/u 2 wks. We may need to do further workup of the shoulder if it doesn't improve.

John M. Snyder, D. O./bjw

*JMS 5-15-00*



Chris Lester  
Wt 293 P 72

DOB [REDACTED] /71

4-26-00

S-In for f/u still having significant neck, left shoulder and low back pain, hasn't really resolved to much. He has been going to therapy.

O-Exam - gait is normal, he has stiffness of the neck in all plains especially with flexion and extension. There is minimal muscle spasm, noted. Exam of the shoulder shows loss of contour. ROM is diminished on external and internal rotation and elevation. Low back shows diminished flexion.

A-Cervical and left shoulder strain, exacerbation of LBP

P-Maintain meds. give rx for Vicodin ES to take for extra pain.

John M. Snyder, D. O./bjw

*[Handwritten signature]* 5-1-00

Chris Lester  
Wt 194 P 104

DOB [REDACTED] /71

4-20-00

S-In for f/u comp injury. He is still having about the same amt of pain. He has been going to PT, in fact he has developed more LBP since he has been injured this time. states he has difficulty using his right arm and neck.

O-Exam - he walks with a very stiff deliberate gait, he has diminished flexion and extension, side bending and rotation in all plains with associated cervical spasm. Exam of the shoulders show normal contour. There is increased pain with internal and external rotation and elevation. Grip strength is diminished. Low back exam shows diminished flexion and pain to 20 degrees.

A-Cervical strain, left shoulder strain, exacerbation of LBP

P-Maintain therapy and given refill on meds and f/u in 1 wk.

John M Snyder. D. O./bjw

*BJW*